

INFORMED CONSENT TO VIDEO-RECORD

Ravi Almeter

Clinical Mental Health Counseling Graduate Student Supervised by Washington State Licensed Counselor- Carrie Farrell The Playground Counseling

My signature below confirms that conditions of my consent to be video-recorded have been explained to me and I understand the following:

1. I am not required to be video-recorded, and I am under no obligation to have my counseling sessions recorded.
2. I can withdraw my permission at any time during or after counseling sessions. My access to counseling services will not be affected by my decision not to be video-recorded.
3. I have the right to review any video-recording with my counselor during a counseling session.
4. Any video recording will be viewed only by my counselor and her Counseling Supervisor at A New Life Christian Counseling and by my counselor's group supervision academic faculty and supervision small group at Western Seminary to help improve counseling services provided.
5. My name will not be used; the content of any recording will remain confidential with exception to the purposes described in article 4.
6. Any recording will be destroyed or erased upon completion of the supervisory and/or training review of this session.
7. This consent expires 180 days from the date of my signature below. I may revoke this video-recording consent at any time prior to the expiration date by submitting a written request to my counselor.
8. The original copy of this consent will remain in my secure client records.

I acknowledge I am giving my consent to be recorded in counseling sessions as needed.

(Client Signature)

Date

(Guardian Signature, if client is a minor, i.e. younger than 13 years old)

Date